

COMMACK PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
P.O. BOX 150
COMMACK, NEW YORK 11725
Phone: 912-2020 Fax : 912-2051

PRIVATE & PAROCHIAL TRANSPORTATION REQUEST

Please print all information. See reverse side for instructions.

I hereby formally request transportation for my son/daughter for the 2019/2020 school year to:

(Name/Address/Telephone Number of School)

Student's Name: _____

Address: _____

Town: _____

Grade (as of 9/19): _____ Birthdate: _____

Parent or Guardian: _____

Home Phone: _____ Cell/Beeper #: _____

Work Phone: 1. _____ 2. _____

Emergency Phone: 1. _____ 2. _____

Emergency drop off information (Must be completed):

Name: _____
(must be within Commack School District's boundary)

Address: _____ Phone: _____

Latch Key: _____ Yes _____ No

**** Please enclose copy of birth certificate for all Kindergarten students****

**Forms must be returned to above address by
April 1st deadline.**

Parent's Signature

Date